U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Managem and Budget No. 1215-0188 Expires 11-30-20

This report is mandatory under P.L. 86-257, as amended, Failure to comply may result in criminal prosecution, lines, or civil penalties as provided by 29 S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3524	2. Fiscel Year Covered From:						
	1 / Zary Through: [Z] 1 / Zary						
3. Name and address of person ffling.	4. Name, file number, and address of labor organization.						
Name Dennis Z Leturgez	Name IBEW LU !!!						
	Labor Organization File Number 224-543						
P.O. Box, Bldg., Room No., if arry	P.O. Box, Building and Room Number, if any						
Street 7637 Livry Ct	Street 5965 East 394						
Chy Cliffon	Chy Denver						
State Colorado ZIP Code +4 8/520	State Colorado ZIP Code 4 80207						
5. Position in labor organization. Assistant Busines	5 Manager						
A. Held an interest in, engaged in transactions (including loans) with, or emonetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	on represents or is actively seeking to represent.  7.s. Nature of Interest, Transaction, or Income.						
P.O. Box, Bldg., Room No., If any							
	7.b. Amount.						
Street	<u> </u>						
City							
State ZIP Code +4							
Signature							
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to a best of the undersigned's individege and belief, true, correct, and complete. (See the section on penalties in the instructions.)							
Signed Cleaning to lung	On 7-7-05 970-260-3123						

Name of Person Filing		File Number U-	3:74
B. Held an interest in or derived income or economic benefit with monetary vs substantial part of which consists of buying from, setting or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or setting or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the busing ively seeking to represent, o directly to, or otherwise	) (1	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	3.	ti
Name	a, Labor Organi	zalion	
Trade Name, II any:	b. Trust		•
P.O. Box, Bidg., Room No., # any	c. Employer		
Street			
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such det	iling.	
Name		-	and the state of t
		•	٠.
Trade Name, I eny:			
P.O. Box, Bldg., Room No., If any		electric w.	
Street	11.b. Approximate dollar va	has of such dealing	
City	12.a. Nature of interest h	<del></del>	d.
State ZIP Code + 4			
			•
	dan	New York, seems or you are wreak for the	
	12.b. Amount		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	or parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).			
Name	}}		·
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			•
Street		e e e e e e e e e e e e e e e e e e e	
City			•
State ZIP Code + 4			
13.b. is the Business an Employer 7 or Consultant 7	14.b. Amount of payment.		